

## **ELIGIBILITY AND BENEFIT WORKSHEET**

ND DEPARTMENT OF HUMAN SERVICES LIHEAP

Name:						So	cial Se	ecurity Nu	ımber	Case Number	er:		
New Appl	ication	Month of Application:					Recomputation					Month of Red	computation:
I. ASSETS													NOTES
Total Assets:								N. F.	A -	1 -		1	
								No Exce	SS AS	sets	i 		
II. INCOME DEDU	JCTIONS												
A. Medical	How Verified					Annual Amount					_		
					\$ \$						_		
						\$						_	
						\$							
			TO	ΓALN	/EDIC	AL \$					(1		
B. Child Support/Al						\$ (2)					<del>. </del>		
C. Day Care	····· <b>·</b>					\$					(3	_	
D. Other Deduction	S										(0)	1	
						\$						1	
						\$							
	TOTALOTHER					\$					(4		
E. TOTAL DEDUCT (Line 1, 2, 3 & 4)						\$					(E	)	
III. INCOME RECE													
SOURCE	HOW VERIFIED	AMOUNT/ UNIT	TIMES X?	=	INC	UALIZE DME	D X	73% (ERN	J) =	IN	ANNUAL ICOME		
				=			X	73.00 %	_				
				=			X	73.00 %		+			
				=			X		<del>  =</del>	+		-	
		Gross:				An	ın. Inc.	<u>                                       </u>				-	
TOTALS FROM	THIS SECTION												
FROM AVERAGING SECTION		Gross:				An	Ann. Inc.:						
COMBINED TOTALS		Gross:				An	Ann. Inc.:						
-	worker away from h	ome (if applicat	ole):										
GRAND	Gross:				An	Ann. Inc.: (5)							
IV. SUMMARY													
Total Annual Income (from Line 5)						\$							
Total Deductions (from Part II, Line E)						\$	\$						
Adjusted Annual Income (Line 5 minus Line E)						\$	\$ (6)						
Number in Househo	Maximum Income: \$												
												⊣	

## **BENEFIT COMPUTATION**

Number of Bedrooms: Building:	Own Rent	Fuel:		Number in Household:	
V. HEATING BENEFIT LEVEL					
7. Cost of Heat: Enter the smaller of Line 7a	or 7b				
7a. Matrix Amount: \$		\$	(7)		
7b. For Renter/Heat Paid only:					
\$ (monthly rent) time 12 = \$		times 25% =	\$	(7b)	
VI. AUTHORIZATION DATES					
Dates vendors can bill or renter/heat checks		d by computer.			
Date From:	Date To:				
The beginning authorization date should be	later than t	the date of any m	anua	al payment.	
VII. EFFECTIVE DATE					_
Effective Date: (see manual for instructions)					
Signature of CSSB Representative:			Dat	te:	
COMPUTERIZED C	ALCIII /	ATIONS /LINE	0 1	13).	
COMPOTERIZED	ALCULA	ATIONS (LINE	. 0-1	13).	
LIHEAP Share Percentage	15.00.05.0	A.P. 4.11			1
8. Poverty Level Percentage from Table 4	15-30-05 ti )	mes Adjusted Inc =	ome	from Line 6	
Estimated HH Annual Heat Share:		\$	(8)		
9. Cost of Heating from Line 7 (\$ from Line 8 =		) minus Est	timate	ed HH Heat Share	
Estimated Annual LIHEAP Share:			\$	(9)	
10. LIHEAP Share Percentage 10a. Annual LIHEAP Share from Line 9 Heating from Line 7 = 10b. Electric Heating Only (Does not agrenter/heat paid): Line 10a will be to determine a single % of the total resi is the LIHEAP share of the heating port bill:	pply to electrical multiplied dential bill	etric times 75% which			
% (Line 10a) X 75%					
Round up to nearests 5% (but no higher that heat):	0% for electric		% (10)	LIHEAP Share % *	
heat): Either 10a (If NOT electric heat) or 10b 11. 100% minus Line 10 = Customer Co-Pay	. (if electri	c heat)		% (11)	Customer Copay %
11. 100 % Hilling Ellie 10 = Gustomer Go 1 ay	ATTICITE T CIT	cinage		70 (11)	Customer copay /
Renter/Heat Paid Monthly Payment  12. Multiply the Cost of Heating from Line 7 times the LIHEAP Share % from Line 1	7 (\$ 0 (	) %) =			
Estimated Annual LIHEAP Cost		\$	(12)		
13. Divide Line 12 by 8 (months) = Renter p	ayment/M	0	\$	(13)	Renter Pay/Mo

<sup>\*</sup>If Line 10 = 5% or less, a one-time minimum payment will be paid to the client by the computer and no vendor bills for renter checks will be paid.